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Coping strategies among a group of community dwelling residents with unilateral lower limb disability in Sri Lanka

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Introduction: Coping refers to a type of behavior that protects people from being psychologically harmed by problematic social experience. Lower limb disability causes many difficulties to the affected person as it affects one's mobility and appearance and is a problematic social experience to the affected individual creating stressful situations and psychological distress. People react by using coping strategies, when facing a stressful situation and they engage in multiple behavioral and cognitive efforts to regain or maintain their well-being. Adjustment is the result of using various coping strategies to deal with the different stressful aspects of a situation. Coping strategies utilized among lower limb disabled people are diverse. Coping strategies targeting emotions caused by a stressful event (emotion-focused strategies) have been found to be related to psychosocial and functional adjustment following a lower limb disability. Direct efforts to modify the situation (problem-focused strategies) have been linked to a more positive psychological adjustment following lower limb disability. However, there are no reported studies that have assessed the coping strategies among people with lower limb disability in Sri Lanka.

Objective: The aim of the present study is to explore the coping strategies practiced by a group of people with unilateral lower limb disability in Sri Lanka.

Method: A sample of 12 persons with lower limb disability who were selected from a major study to assess the physical disability in a selected population in central Sri Lanka was used as the study participants. The present study used a qualitative research method, in-depth interviews to extract data on coping strategies associated with unilateral limb disability. The in-depth interview guide was based on a conceptual framework produced using the study instrument - Ways of Coping.

Results: All participants used one or more coping strategies. Maximum number of coping strategies used by the study participants was four. Both emotion focused and problem focused coping strategies were used by all participants (n=12). Among the emotionally focused strategies are expressing anger (n=5), being alone (n=2) and drawing emotional support from family and relatives (n=8). The problem focused strategies are engaging in their religious activities (n=7), engagement in recreational activities (n=5), engagement in their occupation (n=5), thinking that the lower limb disability condition is due to fate (n=2).

Conclusions and recommendations: The study participants have used multiple coping methods to overcome their psychological distress and suffering due to limb disability. They used both emotion focused coping as well as problem focused coping strategies. Implementation of awareness programmes on coping strategies for the community dwellers with limb disability are needed depending on their gender and age.

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